

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF TENNESSEE

Case number (if known)

Chapter

11

☐ Check if this an
amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

12/15

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name **Campus Healthcare & Rehab, LLC**

2. All other names debtor
used in the last 8 years
Include any assumed
names, trade names and
doing business as names

3. Debtor's federal
Employer Identification
Number (EIN) **47-2510257**

4. Debtor's address **Principal place of business**

**196 Colonial Drive
Youngstown, OH 44505**

Number, Street, City, State & ZIP Code

Mahoning

County

**Mailing address, if different from principal place of
business**

P.O. Box, Number, Street, City, State & ZIP Code

**Location of principal assets, if different from principal
place of business**

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor
☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership
☐ Other. Specify:

Debtor **Campus Healthcare & Rehab, LLC**
Name

Case number (if known)

7. Describe debtor's business A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53AB))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☐ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
☐ Investment advisor (as defined in 15 U.S.C. §80a-3)

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.naics.com/search/>.

8. Under which chapter of the Bankruptcy Code is the Debtor filing?

Check one:

- ☐ Chapter 7
☐ Chapter 9

☒ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years after that).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operation, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship to you	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **Campus Healthcare & Rehab, LLC**
Name

Case number (if known)

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

- ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

- ☐ No
- ☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input checked="" type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor **Campus Healthcare & Rehab, LLC**
Name

Case number (if known)

Request for Relief, Declaration, and Signature

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **January 22, 2016**
MM / DD / YYYY

X /s/ Debbie Jones
Signature of authorized representative of debtor

Debbie Jones
Printed name

Title **Managing Member**

18. Signature of attorney

X /s/ David J. Fulton
Signature of attorney for debtor

Date **January 22, 2016**
MM / DD / YYYY

David J. Fulton
Printed name

Scarborough & Fulton
Firm name

701 Market Street, Suite 1000
Chattanooga, TN 37402
Number, Street, City, State & ZIP Code

Contact phone **(423) 648-1880** Email address **DJF@sfglegal.com**

6102
Bar number and State

**United States Bankruptcy Court
Eastern District of Tennessee**

In re **Campus Healthcare & Rehab, LLC**

Debtor(s)

Case No.
Chapter

11

VERIFICATION OF CREDITOR MATRIX

The above Debtor(s) hereby verifies under the penalty of perjury under the laws of the United States of America that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: **January 22, 2016**

/s/ Debbie Jones

Debbie Jones/Managing Member
Signer/Title

Date: **January 22, 2016**

/s/ David J. Fulton

Signature of Attorney
David J. Fulton 6102
Scarborough & Fulton
701 Market Street, Suite 1000
Chattanooga, TN 37402
(423) 648-1880 Fax: (423) 648-1881

3MC CONSULTING
PO BOX 6541
Macon, GA 31208

Accu-Medical Waste Service
PO Box 797
Marietta, OH 45750

AIS Commercial Parts & Service
590 East Western Reserve Road
Youngstown, OH 44514

Alere Toxicology
PO Box 536506
Pittsburgh, PA 15253-5907

Amcom Office Supplies
3600 McClaren Woods Drive
Coraopolis, PA 15108

AT&T Mobility
PO Box 6463
Carol Stream, IL 60197

Belenky Inc
1601 Frederick Blvd
Akron, OH 44320

Bluecross Blueshield of Tennessee
Group Receipts Department
PO Box 6539
Carol Stream, IL 60197

BOARDMAN MEDICAL SUPPLY
300 N STATE ST
Girard, OH 44420

Campus Healthcare & Rehab LLC
Resident Trust
196 Colonial Drive
Youngstown, OH 44505

Candace Winston
55 Brookview Dr
Cortland, OH 44410

Cavilier Mobile X-Ray
PO Box 3371
Youngstown, OH 44513

Clean-N-Green
PO Box 389
Negley, OH 44441

Clearly the Best, Inc
196 Colonial Drive
Youngstown, OH 44505

Community Home Medical
8051 Market St
Boardman, OH 44512-6278

Complete Payment Recovery Services, Inc
PO Box 30184
Tampa, FL 33630

CREST ELECTRONICS
195 THIRD ST SOUTH
Dassel, MN 55325

Cross Brothers Landscaping, LLC
433 N. Raccoon Road
Austintown, OH 44515

D&T Rentals
4704 Hixson Pike
Hixson, TN 37343

Damon Industries, Inc
12435 Rockhill NE
Alliance, OH 44601

Data Recovery Services LLC
1343 Belmont Ave
Youngstown, OH 44504

De Lage Landon Financial Services INC
PO Box 41602
Philadelphia, PA 19101-1602

DEDICATED NURSING
3875 FRANKLINETOWN CT
SUITE 220
Murrysville, PA 15668

DEPARTMENT OF COMMERCE
8895 EAST MAIN STREET
Reynoldsburg, OH 43068

Direct Supply
PO Box 88201
Milwaukee, WI 53288-0201

Dominion East OH
PO Box 26785
Richmond, VA 23261-6785

Duff, Kelly (Expense)
1984 Rock Springs Road
Columbia, TN 38401

East Liverpool Hospital
PO Box 645191
Pittsburgh, PA 15219

Ecolab
PO Box 905327
Charlotte 28290-5327

Ecolab - Pest Elimination Division
26252 Network Place
Chicago, IL 60673

Ecolab Food Safety Specialties
24198 Network Place
Chicago, IL 60673

eSolutions, Inc
WS# 165
PO Box 414378
Kansas City, MO 64141-4378

Evans Law Firm
600 Georgia Ave. Suite 4
Chattanooga, TN 37402

First Communications LLC
Dept 781115
PO Box 78000
Detroit, MI 48278-1115

GeoStar Communications
3593 Medina RD
Medina, OH 44256-8182

Grove Medical, Inc
1089 Park West Blvd
Greenville, SC 29611

Guardian
PO Box 677458
Dallas, TX 75267-7458

INTEGRATED VASCULAR SERVICES, LLC
1452 STATE ROUTE 344
Salem, OH 44460

Joshen Paper of PA
PO Box 643739
Pittsburgh, PA 15264-3739

Judi Glass
988 Beechwood Drive
Girard, OH 44420

KBA Self Funded
PO Box 1843
Indianapolis, IN 46206

Konica Minolta Business Solutions USA
Dept. 19188
Palatine, IL 60055

Living Design, Inc
47015 SD Hwy 44
Worthing, SD 57077

MAXIM HEALTHCARE
7227 LEE DEFOREST DR
COLUMBIA 21048

McKesson Medical - Surgical
PO Box 204786
Dallas, TX 75320

McNair, McLemore, Middlebrooks & Co., LLC
Post Office Box One
Macon, GA 31202

Multi-Flow Dispense
4705 Van Epps RD
Brooklyn Hts, OH 44131

North American Waste
20 Federal St
Youngstown, OH 44503

OH Edison
PO Box 3687
Akron, OH 44309-3687

OH Healthcare Association
L-2564
Columbus, OH 43260-2564

On Demand Drug Testing & Work Solutions
102 Westchester Dr
Austintown, OH 44515

Optima Healthcare Solutions
PO Box 2766
Stuart, FL 34995

Pitney Bowes Global Financial Services
PO Box 371887
Pittsburgh, PA 15250

Protect-N-Shred
5184
State Route 46
PO Box 85
Cortland, OH 44410

Purchase Power
PO Box 371874
Pittsburgh, PA 15250

Remedi SeniorCare Ohio-NE
PO Box 75738
Baltimore, MD 21275-5738

Service Wet Grinding Co.
1867 Prospect Avenue
Cleveland, OH 44115

Southeastern Equipment & Oxygen
1512 Redbud Road NE
Suite 4
Calhoun, GA 30701

staples Advantage
PO Box 71217
Chicago, IL 60694-1217

State Alarm Inc.
5956 Market Street
Youngstown, OH 44512

Sysco Food Services Cleveland
PO Box 94570
Cleveland, OH 44101

THE VINDICATOR PRINTING COMPANY
SQUARE
Youngstown, OH 44503

Thomas & Thorgren
One Vantage Way
Suite A-105
PO Box 280100
Nashville, TN 37228

Thompson Mechanical, Inc.
2800 Supreme Street NE
Warren, OH 44483

Time Warner Cable-Northeast
PO Box 0901
Carol Stream, IL 60132

Timothy Colledge
6098 Tippecanoe RD
Canfield, OH 44406

TIS Insurance Services Inc
1900 Winston Road
Suite 100
PO Box 10328
Knoxville, TN 37939

Triad Service Center
4550 40th Street SE
Kentwood, MI 49512

Trumbull County Water & Sewer
842 Youngstown Kingsville Rd NW
Vienna, OH 44473

Turner Dairy Farms Inc
1049 Jefferson Road
Pittsburgh, PA 15235

Urell, Lori (Expense)
220 Wolf Hill Ridge Rd
Bethpage, TN 37022

Walker, Terry
1430 Bio Church Road
Hartwell, GA 30643

Warner, Julie
4318 Confederate Point Rd
Jacksonville, FL 32210

YOUNGSTOWN OHIO OUTPATIENT SERVICES CO.
6425 MARKET STREET
Youngstown, OH 44512

YOUNGSTOWN OXYGEN & WELDING SUPPLY INC
2208 HUBBARD ROAD
Youngstown, OH 44505

Youngstown Water Department
PO Box 6219
Youngstown, OH 44501